



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 4, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Luckie's Lounge & Grill, 1101 West Bond Street requesting a class C liquor license.

The reason for the request is that this business has been sold. This location currently holds a class C liquor license.

Jesse Osborne, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jesse Osborne was born in York, Nebraska. He attended the University of Nebraska graduating in 2006.

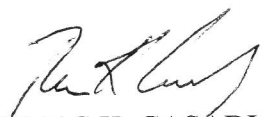
Jesse Osborne employment history is as follows:

2009 - Present	Sales, Unifi Retirement Plans	Lincoln, NE.
2006 - 2009	Sales, Assurity Retirement	Lincoln, NE.
2001 - 2006	Sales, Union Bank	Lincoln, NE.

The required training will be completed on December 12<sup>th</sup> 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Trade Name (doing business as) Luckie's Lounge + Grill

Street Address #1 1101 W. Bond Street

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster #2

Zip Code 68521

Premise Telephone number 402-474-1101

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the Commission)

Name (1101 W. Bond St) Luckie's Lounge + Grill

Street Address

#1 1101 W. Bond St.

Street Address

#2 \_\_\_\_\_

Attn Jesse Osborne

City Lincoln

State NE

Zip Code 68521

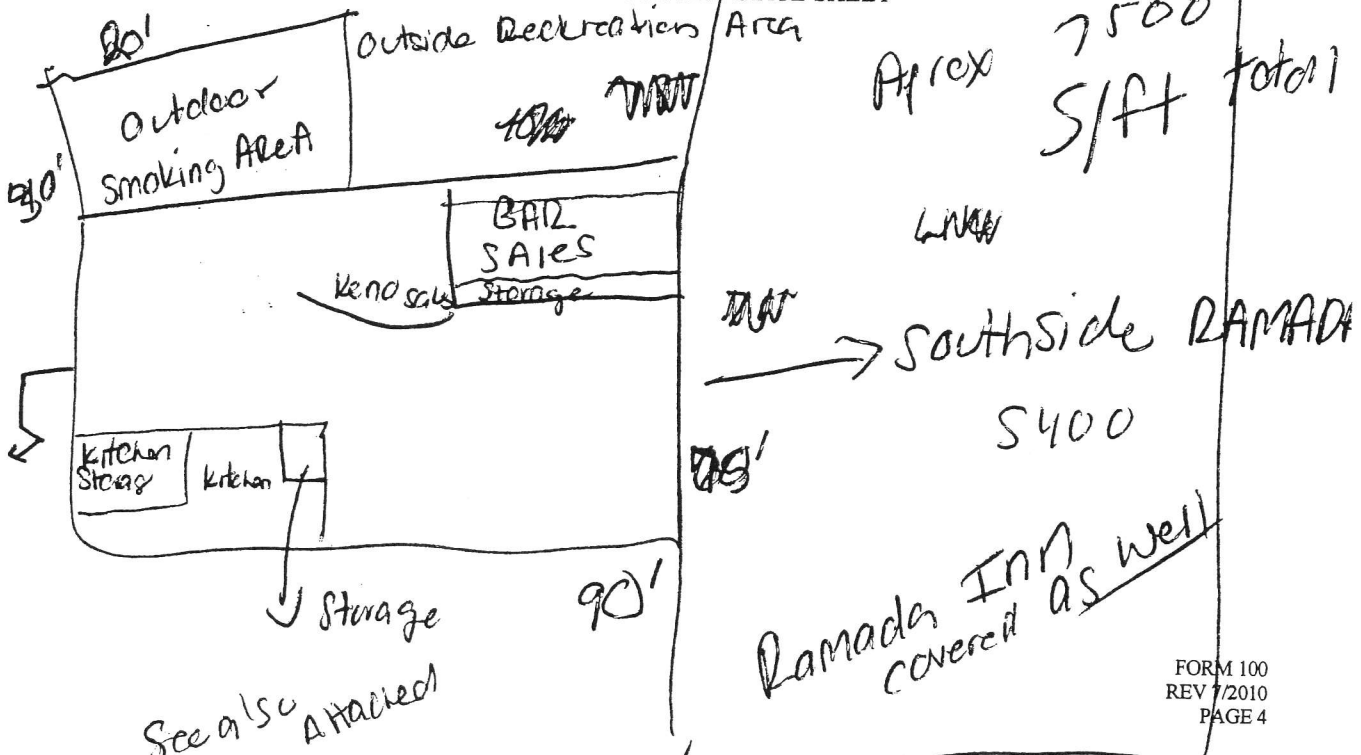
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 100 feet

Width 75 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



**APPLICANT INFORMATION****1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number Luckies Lounge # C60265

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as a liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number \* Luckies Lounge (Kathy Haage) C60265

4. Are you filing a temporary operating permit to operate during the application process?

☒ YES ☐ NO

If yes:

a) Attach temporary operating permit (form 125)

b) Attach statement(s) from all beer wholesalers (in your particular geographical area) and all liquor wholesalers indicating that the seller is not delinquent or have any debts owed to the wholesalers.

created  
Faxed 10/19 10:50 AM

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender Kathy Haage - current owner

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?



YES



NO

If yes, explain. (All involved persons must be disclosed on application)

Jeremy Martiney 30% owner U.P.

on app OK

**No silent partners**

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?



YES



NO

If yes, list such item(s) and the owner.

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?



YES



NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?



YES



NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Union Bank + Trust - Jesse Osborne, Jeremy Martiney  
Kathy Haage - check writing only

12. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A



13. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Need Training

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Jesse Osborne	10/10 2010	Lincoln NE Luckies lounge training program
1 year	2,000	Burchard, NE Tavern part time work experience
2 years	2000 1999-2000	Saddle Rock Table Rock NE part time bartender serving

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

☒ Lease: expiration date \* 11/01/2012 10-31-2012  
☐ Deed  
☐ Purchase Agreement

15. When do you intend to open for business? ~~11/1/2010~~ 10/31/2010

16. What will be the main nature of business? Lounge + Restaurant

17. What are the anticipated hours of operation? 11:00 AM - 2:00 AM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENTS FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Jesse Osborne Lincoln NE		05	CURRENT	N/A	
Jeremy Markley Hickman NE		05	CURRENT	N/A	

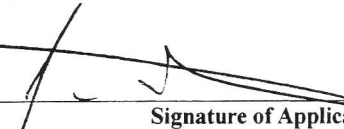
If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

X  Jesse  
\_\_\_\_\_  
Signature of Applicant

X  Jeremy  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

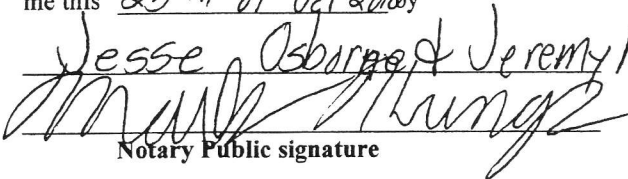
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

X State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 25th of Oct 2010 by

  
\_\_\_\_\_  
Notary Public signature

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

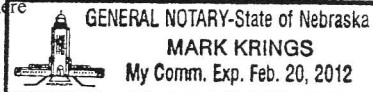
\_\_\_\_\_  
Signature of Spouse

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

\_\_\_\_\_  
Notary Public signature

Affix Seal Here



Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR TEMPORARY  
OPERATING PERMIT ( T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

- This application may be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P., no extensions

TOP# \_\_\_\_\_

On (date) 10/31/2010 seller and buyer entered into a contract for sale of the business known as Luckie's Lounge + Grill, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days no extensions.

☐ The purchaser shall supply the commission with documentation (statement from the wholesaler indicating balance is zero owed) from the seller that the seller is current on all accounts with any wholesaler under section 53-123.02.

[Signature]  
Signature of seller

[Signature] Jesse  
Signature of buyer

State of Nebraska

County of Lancaster

The forgoing instrument was acknowledge before  
me this 10-18-10

Date

[Signature]  
Notary Public Signature

State of Nebraska

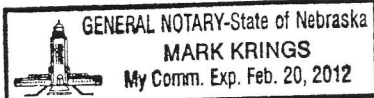
County of Lancaster

The forgoing instrument was acknowledge before  
me this 10-18-10

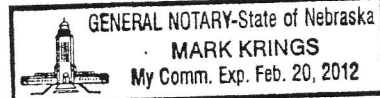
Date

[Signature]  
Notary Public Signature

Affix Seal Here



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**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*Need voter reg*  
*Black*

**Corporation/Limited Liability Corporation (LLC) information**

✓ Name of Corporation/LLC: Get Luckie, LLC

**Premise information**

Premise License Number: N/A  
(if new application leave blank)

✓ Premise Trade Name/DBA: Luckie's Lounge + Grill

Premise Street Address: 1101 W. Bond St

City: Lincoln State: NE Zip Code: 68541

Premise Phone Number: 402-474-1101

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**



Jesse

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Osborne First Name: Jesse MI: D.

Home Address (include PO Box if applicable): 806 W. Leon Dr

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-310-4443 Business Phone Number: SAME

Social Security Number: \_\_\_\_\_ Drivers License Number & State: (NE)

Date Of Birth: \_\_\_\_\_ Place Of Birth: York, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: N/A First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
<u>Lincoln NE</u>		<u>1999</u>	<u>2010</u>	<u>no spouse</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>06</u>	<u>09</u>	<u>Assurance Advisers</u>	<u>Linda Thraen</u>	<u>402-325-4167</u>
<u>09</u>	<u>current</u>	<u>UNIFY</u>	<u>Darrell Saatoff</u>	<u>402-223-7697</u>

Manager and spouse must review and answer the questions below  
**PLEASE PRINT CLEARLY**

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

5. List the training and/or experience (when and where)

Date:	Where:
10/01/2016	Luckies Lounge



**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

✓ Jesse  
\*   
\_\_\_\_\_  
**Signature of Manager Applicant**

N/A  
\_\_\_\_\_  
**Signature of Spouse**

State of Nebraska

County of Lancaster

County of \_\_\_\_\_

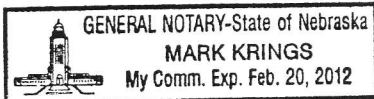
The foregoing instrument was acknowledged before me this 10-25-10 by

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

  
\_\_\_\_\_  
**Notary Public signature**

\_\_\_\_\_  
**Notary Public signature**

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

# STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

10/28/2010

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
128-  
80

Surname changed February 26, 1997 in Dist. of Pawnee County, Nebraska.  
Amended April 30, 1997.

**CERTIFICATE OF LIVE BIRTH**

1. CHILD - NAME FIRST: Jesse, MIDDLE: Dean, LAST: Osborne			2. SEX Male	3. DATE OF BIRTH (Month, Day, Year) 10/28/2010	4. HOUR 3:05 P.M.
5. HOSPITAL - NAME (If not in hospital, give street and number) York General Hospital Inc.			6. INSIDE CITY LIMITS (Specify Yes or No) Yes	7. CITY, TOWN, OR LOCATION OF BIRTH York	8. COUNTY OF BIRTH York
9. I certify that the stated facts are true to the best of my knowledge and belief. (Signature) <i>S.R. Thomas MD</i>			10. DATE SIGNED (Month, Day, Year) 10/28/2010		11. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER
12. CERTIFIER - NAME AND TITLE (Type or print) S.R. Thomas MD			13. MAILING ADDRESS York Medical Clinic York, NE 68467		
14. REGISTRAR - SIGNATURE <i>Stanley S. Cooper</i>			15. DATE RECEIVED BY REGISTRAR MONTH: 10, DAY: 28, YEAR: 2010		
16. MOTHER - MAIDEN NAME FIRST: Cheryl, MIDDLE: Anne, LAST: Dodson			17. AGE (At time of this birth) 21	18. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lancaster, California	
19. RESIDENCE - STATE Nebraska	20. COUNTY York	21. CITY, TOWN, OR LOCATION (If not in U.S.A., Name Country) York		22. INSIDE CITY LIMITS (Specify Yes or No) Yes	23. STREET AND NUMBER 129 Lincoln Avenue
24. MOTHER'S MAILING ADDRESS - Enter if not same as residence 129 Lincoln Avenue					
25. FATHER - NAME FIRST: , MIDDLE: , LAST:			26. AGE (At time of this birth) 11b	27. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c	
28. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Person) Cheryl A. Dodson			29. RELATION TO CHILD Mother		



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

- 1) All members and spouses must be listed
- 2) Managing member or contact member must sign
- 3) Managing member and spouse must file fingerprint cards.  
Spouse may file affidavit of nonparticipation in lieu of fingerprint cards.

✓ Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

✓ Name of Registered Agent: Jesse Osborne

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Get Luckie, LLC

✓ LLC Address: 1101 W. Bend St

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: 402-474-1101 LLC Fax Number 402-474-1101

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Osborne First Name: Jesse MI: D.

Home Address: 806 W. -60th Dr City: Lincoln

✓ State: NE Zip Code: 68521 Home Phone Number: 402-310-1443

✓ [Signature]  
Signature of Managing/Contact Member

X State of Nebraska

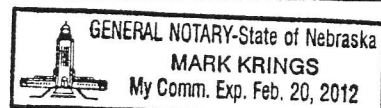
County of Lancaster

The foregoing instrument was acknowledged before me this

10-25-10 by Jesse Osborne  
date name of person acknowledged

[Signature]  
Notary Public signature

Affix Seal Here



For names of all members and their spouses (even if a spouse is listed but has been predeceased)

Last Name: Osborne First Name: Jesse MI: D.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: \_\_\_\_\_

Percentage of member ownership N/A 70%

*Signed  
prints*

Last Name: Martene First Name: Jeremy MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 30%

*Signed  
prints*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Is the applicant a Limited Liability Company controlled by a single corporation/company?

☐ YES

☒ NO

If yes; name of corporation/company \_\_\_\_\_

☐  
☐

Submit organizational chart

Submit articles of incorporation or authorization to do business in the state of Nebraska from  
Secretary of State's office

Is the applicant a partnership or joint venture with two or more persons/entities?

Starting Date: First year 10/31-12/31 Ending Date: proceeding 1/1-12/31

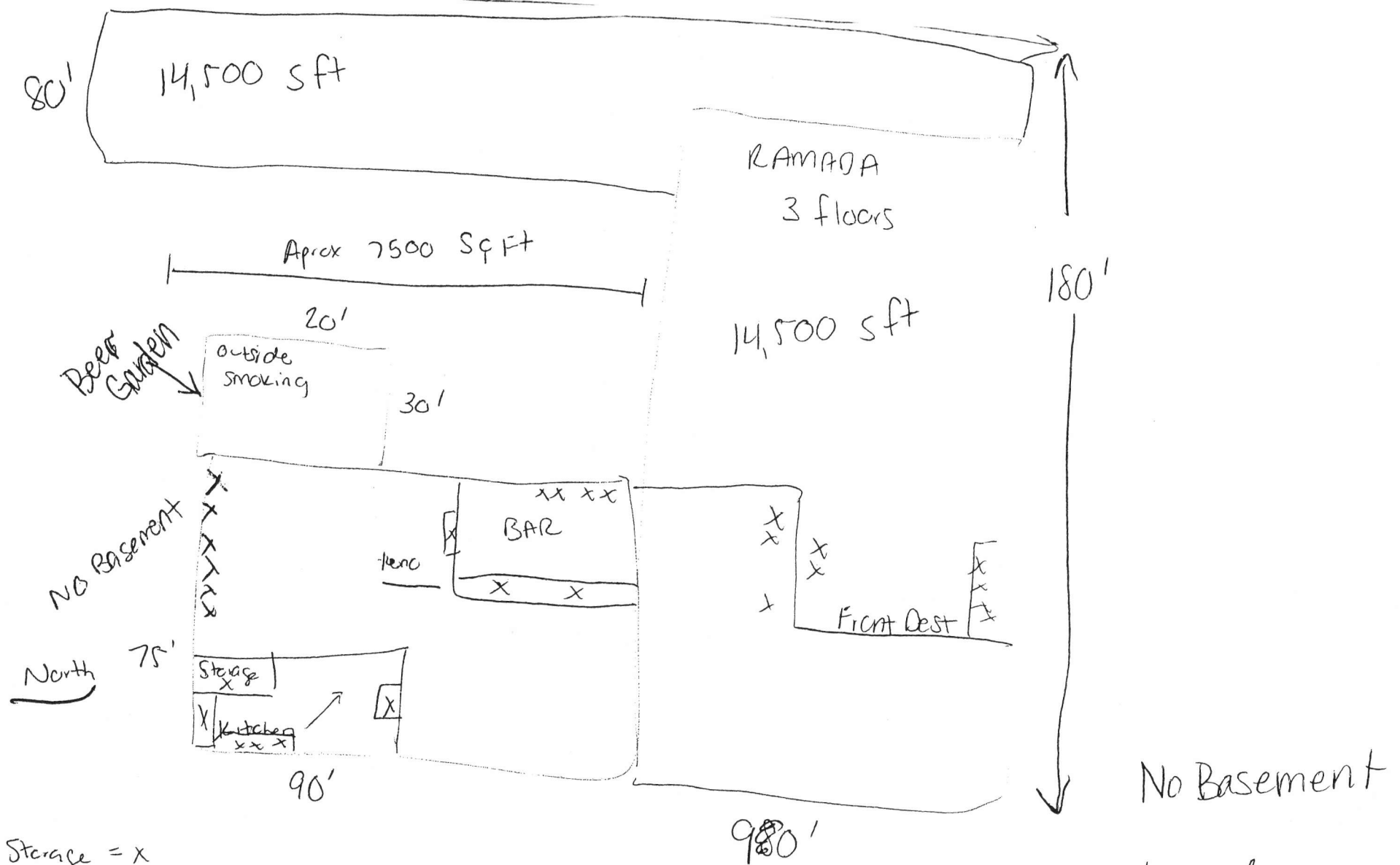
Is the applicant a Public Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

N/A



Storage = x

Bar = Approx 7,500 sq ft +

Ramada = 29,000 sq ft

Irregular shaped  
3 story building approx  
180 x 180 including

beer garden approx  
20 x 30

# Temporary Operating Permit

Nebraska Liquor Control Commission

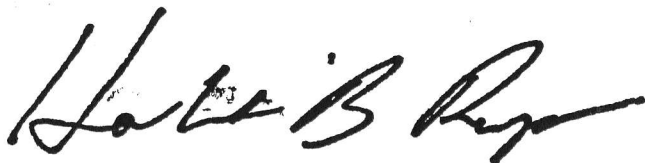
**10 – 918**

Issued: November 1, 2010 – Expires: January 30, 2011

**Get Luckie LLC**

**DBA: Luckie's Lounge & Grill, 1101 W Bond Street, Lincoln, NE 68521**

**Entire motel building including two story motel rooms and beer garden all  
approx 130 x 150**



Hobert B Rupe - Executive Director  
Nebraska Liquor Control Commission  
301 Centennial Mall South, 5<sup>th</sup> Floor  
Lincoln, NE 68509  
(402) 471 – 2571



**\* NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED \***